



3/31/22 Morning Report with @CPSolvers

Case Presenter: Rafael Medina (@rafameed) Case Discussants: CPS family <3



CC: 50 y/o female with right sided facial droop.

HPI:
50 year female with no concerning past medical history presenting to the ED with right sided facial droop. Patient is unable to fully close right eye

ROS Neg - Denies HA, numbness, extremity weakness.
ROS Positive - fever and fatigue.

Past Medical History:

Meds:
No medications

Family History:

Social History:
Sexually active with multiple women

Health Related Behaviours:
Drinks ETOH.

Allergies:

Vitals: T: HR:BP: RR: SpO₂: WNL

Exam:

Gen:
HEENT: remarkable for enlarged b/l parotid gland. Enlarged cervical lymph nodes

CV: Regular rate and rhythm.

Pulm: CTA

Abd:

Neuro: flattening of the right nasal fold. Drooping in the right side of the face. Hyperacusis of the right ear. Facial sensation intact.

Extremities/Skin:

Notable Labs & Imaging:

Hematology:
WBC: Hgb: Plt:

Chemistry:
Na: 141 K:3.9 Cl: CO2: BUN: Cr: 0.9 glucose:100 Ca:**11.5** Phos: Mag:

AST: ALT: Alk-P: T. Bili: Albumin:

Imaging:
EKG:
CXR: bilateral hilar lymphadenopathy

Biopsy of the lymph node showed non-caseating granulomas.

Problem Representation: 50yoF with significant PMH for chronic fever and fatigue p/w right sided facial droop. PE remarkable for flattening of the right nasal fold, drooping in the right side of the face, and hyperacusis of the right ear. Labs consistent with hypercalcemia. Imaging revealed bilateral hilar lymphadenopathy and biopsy showed the presence of non-caseating granulomas.

Teaching Points (Rafa):

- **R SIDED FACIAL DROOP**
Peripheral vs central
Upper and lower hemifacial affected - peripheral / no other neuro deficits
Spare the upper face - centra - think about stroke - bilateral innervation of the upper head
Caveat - midbrain stroke -
Full neuro exam / history / head CT
Pearl: most common unilateral facial weakness cause is Bell palsy - without multisystem involvement , has to be isolated, slow-onset and slow-offset
Patient with fever + fatigue - less likely to be Ball Palsy
- **SECONDARY ETIOLOGIES**
Malignancy - parotid gland cancer, cerebellopontine angle
Infection - herpes zoster, Lyme disease, otitis media
Granulomatous diseases - sarcoidosis
Neurological etiologies - stroke, GBS
- **HYPERCALCEMIA + FACIAL PALSY**
Granulomatous disease - sarcoidosis
Macrophage activation - 1a hydroxylase
Uveitis could be a clue
10% patients with sarcoidosis with neurological manifestations - facial paralysis, central DI and seizures